M

06498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY How
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover
STREET ADDRESS (If rural, give location) Hanover Road.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) A. (Last) Dagler

4. DATE OF DEATH (Month) 6 (Day) 4 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) W

8. DATE OF BIRTH 10/11/1875

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY at home.

11. BIRTHPLACE (State or foreign country) Penna

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Cavanaugh

14. MOTHER'S MAIDEN NAME Catherine Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Mrs Catherine [illegible] Hanover Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Embolism ē Left Hemiplegia	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. myocarditis	2 yrs
	(c) Generalized arteriosclerosis	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to June 3, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 9:30 m., from the causes and on the date stated above.

SIGNATURE Dr. [illegible] (Degree or title) ADDRESS 5609 Main St Elkridge DATE SIGNED 6/4/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 6/7/52.
NAME OF CEMETERY OR CREMATORY Meadowridge Cem.
LOCATION (City, town, or county) Dorsey Md (State)

DATE REC'D BY LOCAL REG. 6/4/52
REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Hollins St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06499

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Simpsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Simpsonville
STREET ADDRESS (If rural, give location) Cedar Lane

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) E (Last) Day

4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1-5-1871

9. AGE last birthday 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Simpsonville Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elisha Saker

14. MOTHER'S MAIDEN NAME Elizabeth Hopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Walter E Day Clarksville Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Chronic myocardial failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	5 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral hemorrhage	2 weeks

4200

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1946, to June 28, 1952, that I last saw the deceased alive on June 27, 1952 and that death occurred at 235 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D.
ADDRESS Clarksville, Md.
DATE SIGNED June 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-30-52
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Highland (State) Md

DATE REC'D BY LOCAL REG. 6-30-52
REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR F.C. Higinbothom ADDRESS Ellicott City Md

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JUL 3
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

065500

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural ELKRIDGE, Md.
LENGTH OF STAY (in this place) passing through
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Washington Blvd. U.S. Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Toccoa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) B (Last) HILLEY

4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH unknown

9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY Trucking

11. BIRTHPLACE (State or foreign country) Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Inman Hilley

14. MOTHER'S MAIDEN NAME Eva Cobb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. War II

16. SOCIAL SECURITY NO. 246-03-6499

17. INFORMANT AND ADDRESS Herschel Hardman Toccoa - Georgia

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a)	Fracture of skull - occipital region	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	none	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	multiple rib fractures on right.	instant

816.4

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION NONE

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. Route #1 (CITY OR TOWN) ELKRIDGE (COUNTY) HOWARD (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 22 (Year) 1952 (Hour) 11:06 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Riding in TRACTOR-TRAILER TRUCK envolved in Accident MV

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE George E. Burgtorf (Degree or title) M.D. Deputy Medical Examiner - HOWARD CO.
ADDRESS Ellicott City. Md.
DATE SIGNED 6-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-26-52
NAME OF CEMETERY OR CREMATORY Sunshine Methodist Cemetery
LOCATION (City, town, or county) Franklin County (State) Georgia

DATE REC'D BY LOCAL REG. 6/25/52
REGISTRAR'S SIGNATURE John B. Loughran
24. FUNERAL DIRECTOR F. C. Higinbotham ADDRESS Ellicott City Md

Per. B. E. L. (Miss) E. Reid Williams Registrar 6-27-52

06501

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Guilford - Jessup
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Guilford, Jessup Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Zacharison (Middle) — (Last) Knisley

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Jan 18, 1870

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store keeper

10b. KIND OF BUSINESS OR INDUSTRY Grocery Bus

11. BIRTHPLACE (State or foreign country) Shenandoah Co., Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi R. Knisley

14. MOTHER'S MAIDEN NAME Ella Virginia Reedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mr Harry Knisley - Jessup Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr Myocarditis — 2 yrs

4222

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to June 15, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE Robert S. McCeney (Degree or title) M.D. ADDRESS 402 Main St Laurel Md DATE SIGNED 6/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 18, 1952
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) Savage (State) Md

DATE REC'D BY LOCAL REG. 6/18/52
REGISTRAR'S SIGNATURE Mark Shipley

24. FUNERAL DIRECTOR De Witte Donaldson ADDRESS Laurel Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A151

Item 7 FilmG144 7/11/52 whw

06502

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

(1+1)

1921

Reg. Dist. No. 191

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VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marriottsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marriottsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAY (Middle) HUGH (Last) LAWSON

4. DATE OF DEATH (Month) (Day) (Year) 6-20-1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12-27-1929

9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (State or foreign country) Tenn

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 413-52-1506

17. INFORMANT AND ADDRESS Sarie Mabe, Marriottsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of chest — Instant

976X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Marriottsville (COUNTY) Howard (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-20-52 4.00 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self Inflicted 20 guage shot gun wound

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

SIGNATURE George E. Bengtorf (Degree or title) M.D.
Deputy Medical Examiner for Howard County
ADDRESS Ellicott City, Md
DATE SIGNED 6-20-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6-21-52
NAME OF CEMETERY OR CREMATORY Rogersville
LOCATION (City, town, or county) (State) Rogersville, Tenn

DATE REC'D BY LOCAL REG. 6/21/52
REGISTRAR'S SIGNATURE John B. Loughran.
Per B. E. L. Alice Webb

24. FUNERAL DIRECTOR ADDRESS F.C.Higinbothom, Ellicott City, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural, give location) 314[illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) 28 (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday 61 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Harry P Mintz
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

141.x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION [illegible]
19b. MAJOR FINDINGS OF OPERATION Metastatic [illegible]
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 195[illegible], to [illegible], 19......., that I last saw the deceased alive on [illegible], 1952, and that death occurred at 11 [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 2/52
NAME OF CEMETERY OR CREMATORY Loudon Pk.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7-1-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Harry H Mitzel
ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 8 2

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alpha
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alpha
STREET ADDRESS (If rural, give location) Marriottsville P.O.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Wilson (Last) Parks

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Aug. 1, 1929

9. AGE last birthday 22 yrs. If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Food

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas A. Parks

14. MOTHER'S MAIDEN NAME Grace Beach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. 216-28-2431

17. INFORMANT AND ADDRESS Mrs [illegible] - Marriottsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

201X Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Same

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. , 1950, to June 5 , 1952, that I last saw the deceased alive on June 5 , 1952, and that death occurred at 5 10 a.m., from the causes and on the date stated above.

SIGNATURE J. W. Hertzer, M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 6/5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE June 7, 1952
NAME OF CEMETERY OR CREMATORY Mt. [illegible]
LOCATION (City, town, or county) (State) Howard Co. Md

DATE REC'D BY LOCAL REG. June 7, 1952

REGISTRAR'S SIGNATURE Alice W. Webb

24. FUNERAL DIRECTOR [illegible] - [illegible], Md. ADDRESS

[illegible] H. Haight

M

506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer's Nonvalesent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CHARLES SHIPLEY

4. DATE OF DEATH (Month) (Day) (Year) 6-16-52 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 3-19-1863

9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Baltimore County Welfare, Towson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — 5 yrs.

4221

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to June 16, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at P A m., from the causes and on the date stated above.

SIGNATURE md (Degree or title) ADDRESS Ellicott City Md DATE SIGNED 6/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-19-1952
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. June 18, 1952

REGISTRAR'S SIGNATURE John B. Loughran
Reg. B. E. Ed

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (MARY) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) June (Day) 3 (Year) 19[illegible]

5. SEX

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE last birthday 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

422.1 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS 5027 [illegible] St DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 6, 1952
NAME OF CEMETERY OR CREMATORY Melville Cemetery
LOCATION (City, town, or county) Elkridge 27, (State) Md

DATE REC'D BY LOCAL REG. June 5, 1952
REGISTRAR'S SIGNATURE (Miss) E. Bird Williams

24. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.
ADDRESS 4905 York Road

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 328 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
STREET ADDRESS (If rural, give location) 328 Main St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) MARSHALL (Last) TITTSWORTH

4. DATE OF DEATH (Month) (Day) (Year) 6-5-52 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 2,1873

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elisah Tittsworth

14. MOTHER'S MAIDEN NAME Catherine McKenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 218-05-3426

17. INFORMANT AND ADDRESS Mrs. Agnes Tittsworth,Ellicott City,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — 2 years

422.1 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis — 5 years

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to 6-5, 1952, that I last saw the deceased alive on 6-5-, 1952 and that death occurred at 3.45 A.m., from the causes and on the date stated above.

SIGNATURE George E. Bungtorf (Degree or title) M.D. ADDRESS Ellicott City. DATE SIGNED 6-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-7-52
NAME OF CEMETERY OR CREMATORY St.Johns
LOCATION (City, town, or county) (State) Ellicott City,Md.

DATE REC'D BY LOCAL REG. 6/6/52
REGISTRAR'S SIGNATURE John B. Loughran
Per. B.E.L.

24. FUNERAL DIRECTOR ADDRESS F.C.Higinbothom,Ellicott City,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1 9 1

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffers Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stemmers Run
STREET ADDRESS (If rural, give location) 1215 Orehms Road ✓

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) T (Last) WEBBER

4. DATE OF DEATH (Month) (Day) (Year) 6-7-52 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH 9-11-1871

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman

10b. KIND OF BUSINESS OR INDUSTRY (Self) Fisherman

11. BIRTHPLACE (State or foreign country) Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Elizabeth Webber, 20 N.Clinton St. 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

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Immediate cause (a) chronic myocardial failure — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF ~~INJURY~~ death (Month) 6 (Day) 7 (Year) 52 (Hour) 2 00 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) ADDRESS Clarksville, Md. DATE SIGNED 6/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-11-52
NAME OF CEMETERY OR CREMATORY Schwartz Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6-10-52
REGISTRAR'S SIGNATURE John B. Loughran.

24. FUNERAL DIRECTOR ADDRESS Phillip Herwig Sons, 2024 Orleans St.

Chr. B. E. L.

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VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 2, Md.
STREET ADDRESS (If rural, give location) 1001 St. Paul St. Apt 7 D

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) (Last) Zink (WALTERS)

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Nov 11 - 1883

9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NoNe

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NO

17. INFORMANT AND ADDRESS ANNA B. HELLDORFER 2731 N Calvert St

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Myocardial Failure	2 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	1 month
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Involutional Melancholia	1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952, to June 14 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE Irving J. Taylor (Degree or title) M.D. ADDRESS Pinel Clinic, Ellicott City, Md. DATE SIGNED June 14, '5

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JUNE 17 - 1952
NAME OF CEMETERY OR CREMATORY Loudon PARK
LOCATION (City, town, or county) (State) BALTO. Md

DATE REC'D BY LOCAL REG. 6/16/52
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Chas F EVANS & SON
ADDRESS 118 W MT. ROYAL AVE

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15